

CHECK ONE ONLY☐ Initial Application☐ Renewal Request☐ Change/Update*Changes ONLY enter:*

Name on current certificate: _____

Commonwealth of Kentucky

Cabinet for Health and Family Services

Department for Community Based Services, Division of Child Care

275 East Main Street 3C-F, Frankfort, KY 40621

800-421-1903

DCC-178**Revised 11/03****Agency Use Only:**

\$10 Check: _____

\$10 Money Order: _____

APPLICATION FOR FAMILY CHILD CARE HOME CERTIFICATION**1. PROVIDER IDENTIFICATION**Name: _____
First Middle Maiden Last Date of Birth

Marital Status (circle one) single married divorced Social Security # _____ -- _____ -- _____

FEIN # _____ (if applicable) Name of Child Care Home: _____ (if applicable)

Address: _____
Street (required for listing on certificate) P O Box (if applicable)

County City Zip Code

(_____) _____ (_____) _____
Work Number (if applicable) Home Number Name under which telephone is listed**2. DIRECTIONS TO YOUR HOME FROM THE NEAREST MAJOR HIGHWAY****3. HAVE YOU PREVIOUSLY OPERATED A FACILITY THAT WAS LICENSED OR CERTIFIED BY THE CABINET?**YES ☐ NO ☐ If yes, specify the name and address of the facility, and the name of the owner or operator.**4. FOOD SPONSOR:** Name of Child Care Food Program Sponsor: _____**5. LOCATION: BUILDING TYPE:** ☐ House ☐ Apartment, Duplex, or Condo ☐ Modular or Mobile Home**DO YOU** ☐ Own or ☐ Rent? If renting, you need your landlord's permission to operate a child care home.**6. HOURS OF OPERATION** Do you keep children overnight? ☐ No ☐ Yes Hours you are open: From _____ to _____Check days you operate child care home: ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat**7. CHILDREN:** List your own children, grandchildren, nieces, nephews, and children in legal custody, step-children, and siblings under age thirteen (13) in your home during the operating hours of your child care home.

Child's Name	Date of Birth	Social Security #	Relationship	Dates & Hours Attending

8. ADULTS: List the names of adults eighteen (18) years of age or older living in your home.

First Name	Middle Name	Last Name	Relationship	Date of Birth	Social Security #

9. STATEMENT OF PROVIDER

I certify that this is a true and accurate description of my child care operation on this date and that I have not knowingly misrepresented or offered false information on the application or other required forms. I hereby give the Department for Community Based Services the right to contact social agencies and references listed to verify my statements. I understand the Department for Community Based Services staff shall have the authority to inspect my home and the records required by 922 KAR 2:100 and that those inspections shall be unannounced.

I understand the Department for Community Based Services, Division of Child Care shall complete a check of the Central Registry pursuant to 922 KAR 1:470 to determine if any adult in my household has had a substantiation of child abuse, neglect, or exploitation by the Cabinet. I understand that my application for certification shall be denied if any adult in my household has been found by the Cabinet or court to have abused or neglected a child. The Department shall also review the criminal record checks of all adults in my household. I understand that my application for certification shall be denied if any adult in my household has been convicted of a violent crime or sex crime as defined in KRS 17.165. I understand that my application for certification shall be denied if there is a history of behavior that may impact the safety or security of a child in care including but not limited to a conviction of a drug related felony (922 KAR 2:100).

I understand that I am required to immediately notify the Department for Community Based Services of any action or change that significantly impacts the operation of my family child care home. Examples of such changes include a move to a new location, marriage and a name change, telephone number changes, new adults in the home, ceasing operation, or becoming a licensed provider. I understand that this application applies only to the location listed on this form and that if I move, I must immediately apply for a certificate at my new location.

I have read and understand the family child care certification requirements as specified in 922 KAR 2:100.

Provider's Signature

Date

Required Documentation to be submitted for Action Requested <i>Application is not complete for processing until all required documents are submitted.</i>		
Initial Application	Renewal Request	How to Report Changes
<input type="checkbox"/> Application (DCC-178), <input type="checkbox"/> Self-Check list (DCC-179), <input type="checkbox"/> physician's statement, <input type="checkbox"/> results of tuberculosis test on all adults in the home (administered within 30 days of the date of application), <input type="checkbox"/> criminal records check on all adults in the home, <input type="checkbox"/> \$10 non-refundable certification fee (check or money order payable to Kentucky State Treasurer), and <input type="checkbox"/> 2 written references	(applying to renew existing certificate for additional 2 years) <input type="checkbox"/> Application (DCC-178), <input type="checkbox"/> physician's statement, <input type="checkbox"/> results of tuberculosis test on renewal applicant (administered within 30 days of application), <input type="checkbox"/> criminal records check on renewal applicant, <input type="checkbox"/> \$10 non-refundable certification fee (check or money order payable to Kentucky State Treasurer)	Name Change <input type="checkbox"/> Application (DCC – 178) complete Sections 1 & 9 Location/Address Change <input type="checkbox"/> Application (DCC – 178) complete Sections 1, 2 & 9 Add an Adult to the Home <input type="checkbox"/> Application (DCC-178) complete Sections 1, 8 & 9 <input type="checkbox"/> results of tuberculosis test <input type="checkbox"/> criminal records check Changes, other than those listed above, may be reported by telephone or letter.

[Back to Table of Contents](#)